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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: KR Florida Op	erations, LLC	
2. (a) Principal office address of limited liability company		
(Note: MUST BE STREET ADDRESS)	Houston, Texas 77056	
(b) Mailing address of limited liability company:	Three Riverway, Suite 1600	
(Note: MAY BE POST OFFICE BOX)	Houston, Texas 77056	
12/23/1998	M98000001587	)
3. Date of filing/registration in Florida	4. Document number	ð
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State	
Registered Agent:	RICHARD CHOMA	ر. ادر وسية
Registered Office Address:	4210 METRO PARKWAY	ر ا ا
·	STE 250 FORT MYERS FL 33916 US	
NEW Registered Agent:  NEW Registered Office Address:	C T Corporation System 1200 South Pine Island Road,	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road,	
	Plantation ,FL33324	
If the limited liability company is not organized under the loonfirmed that after the change or changes are made, the Fland the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
William Gardiner, Manager	,	
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos hapter 608, F.S. Or, if this document is being filed to mer datess, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	
Malle on registered Agent Williams, AVP, C T Corporation Syste		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

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